

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	4/15
FORMALITY REVIEW	<i>[Signature]</i>	932	65-18-01
RESPONSE FORMALITY REVIEW	<i>CL</i>	1109	11-29-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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